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|  | **PROTOCOL for redaction of PROFILES of study case's  for D-&-WB workshops inter-vision & evaluation  about : background - health - intervention - network - proposals**  When the solution of complex situations seems impossible*:   how to listen  for a deepest  understanding ?* When the body speaks through his silence and his wounds:   *who will listen and hear before intervening* |
| ***N.B. The PROFILE more than a PHOTO is a RADIOGRAPHY which will facilitate the comprehension of the inter - action  and the causes. NOT MORE than 2 pages. Attention please PROTECT PRIVACY OF EACH ONE*** | |
| 1. **BACKGROUND and environment / context  of**  profile of the person in relation to : the condition of ‘***dignity’ and 'health***' in which these people live.   What kind of interrelation between these dimensions:   **-   time**, in relation to the chronic situation;  **-   abandonment**, in relation to the breakdown of any relationship and link;  **-   refusal** , in relation to any institutional offer of care and assistance services   Mary is 36 years old and is a member of the travelling community. She has been in and out of homelessness for almost 16 years due to family breakdown and addiction. Mary has 7 siblings, 6 of them are also homeless and in addiction. She has 3 children who are all in foster care. 2 of the children were with her while she experienced homelessness. When her children were taken in to care she fell deeper in to addiction. She began accessing emergency homeless accommodation and sleeping rough as she could not maintain a house. She feels let down by the county council as she states she was treated unfairly when houses were taken from her. She feels tricked by the social workers who she says conned her in to giving up her children. She finds it difficult to trust professionals and struggles to move on from the past. Mary lives with her partner in Dublin city. This is not where she is originally from and she hates living there, she also feels that she was tricked in to moving there by her previous support worker. Mary is diagnosed with depression and this presents itself as severe highs and lows. Her current living situation has a detrimental effect on her depression and mental health. Mary is an ex heroin user. She is on methadone and abuses street tablets (benzodiazapines). | |
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| 1. **HEALTH:  physical  and  psychic conditions.** All additional information on the health situation,  information on hypothetic or declared diagnoses including:  - interaction between mental and physical condition;  - influence of the health condition on the lifestyle of a person;  - history of interruptions and resumptions of medical services provided to the person,  - orientation and opinions of the medical players in respect to the person;  - interdependence of psychosocial distress in cases where two people of the same family circle are involved | |
| Mary is diagnosed with depression and is on medication for this. No other health concerns.  Mary’s depression influences her lifestyle by her becoming withdrawn and/or very heightened and aggressive. Mary will have extreme verbal anger outbursts but will then shut down and disengage from support. This is very draining for Mary. She feels guilt after these outbursts and struggles with her feelings around this. She has also attempted to take her life during one of these outbursts.  Mary is prescribed her depression medication by her drug treatment center and it is rarely reviewed. This center does not have a mental health specific professional on their team.  After her most recent depressive episode, Mary was brought by staff to the local psychiatric hospital. After this visit she was put on a day programme for people who require psychiatric support. Here she linked in with a psychiatrist and a counsellor and they managed her medication. When they found out she was linked with a drug treatment centre, there was some confusion about who should be her primary carer. The day programme were happy to do this, however the drug centre requested that she remain in their service. They promised the same level of psychiatric care and Mary agreed to this. However, since her day programme came to an end she has received no further support around her mental health. | |
| 1. **INTERVENTIONS description :** presentation and evaluation of the history of interventions with their difficulties, successes, failures, including the circumstances of the person’s first contact with the organized assistance; clarification of the objectives of the intervention in its various stages; description, if needed, of specific operational solutions; stating the reasons for compulsory sanitary treatment . - What kind of intervention – in health + social field - success of non-success depends of …; - Highlight the correlations between the objectives to be pursued, programmed interventions and outcomes...  – Innovative practices. | |
| Support sessions working on how to manage emotions. Staff being aware of how she presents and how to manage the presenting behaviours. For example, it is important to give her some time away before checking on her after an outburst. Doing prevention pieces, noticing the signs that a depressive episode may be on its way. She will often appear very happy and overly excited before an episode of depression. Episodes are less frequent and behaviours are more easily managed due to ongoing staff support.  Support worker and service manager have been in touch with her drug treatment centre in an attempt to work together to provide her the best care, however her doctor is very difficult to communicate with and has previously said that she not his issue despite the fact that he demanded he be in charge of her care. | |
| 1. **WORKERS & NETWORK:**  - One or many actors? - Does the networking and cooperation between actors exist or not?  - What kind of collaboration between public and private sector?  - What kind of multidisciplinary performing synergies between social, health services and... others?  - What kind of co-working and co-responsibility between Institutions - Associations - Administrations? - What are the institutional and legal barriers and limitations to providing adequate assistance (cumbersome, poorly  defined procedures, “vicious circles”; resources and financing).   - What obstacles could be overcome by “creativity” of the operators in the face of the unhelpful of confusing legislation? | |
| There are many agencies involved in her care. Social workers, drug workers, housing, support worker.  They have all raised concerns about her mental health and in the past have blamed her current living situation. However the staff where she is living currently offer her the most support. Other agencies are afraid of upsetting Mary rather than helping her work on her presenting issues and so they pass the responsibility on to someone else. This has been frustrating for the staff as there is no positive relationships among the agencies despite attempts to develop them and all work together to support Mary. | |
| 1. **PROPOSALS:** What proposals of possible and innovative interventions when the solution of complex situations seem impossible?  - What pathways,  what specific priorities could be taken for priority recommendations?  - Make the proposals as concrete as possible and avoid generalities. | |
| Separate her psychiatric care from her drug treatment. The drug treatment centre do not have the resources to best work with Mary to keep her mentally well.  She should be linked in with a mental health team who will look after her medication and ensure that she is on the right treatment. Be able to do regular reviews of her illness and also have information on or access to other supports such as counsellors and support groups. | |
| 1. Personal factors influencing the launching and continuation of assistance process:  - possible stigmatization of person taking charge or applying for assistance;  - sources of stress and burn-out for assistance workers;  - changes in staff during assistance process; clashing cultural aspects. | |
| Marys distrust of professionals is a barrier to care. Because of her outbursts, it is possible that staff in services will not engage with her.  Issue of addiction and mental ill health. No service that will deal with both effectively. | |
| 1. **Overall assessment of the case**: strengths and weaknesses of the support net and/or interventions provided;  - synthetic judgment: the person's condition has improved/worsened or remained unchanged?   (in relation to the assumed objectives relevant ethical issues related to the work; - final thoughts, free.   Mary receives a lot of support from her housing provider and she seems to have learn how to better manager her emotions. Her main goal is to move out and live independently, however other services involved in her care need to take some responsibility to ensure that community supports are available/in place so that she can do so safely. | |
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***OPTIONAL:* Complementary elements** on the situation of gradual degradation in terms of both physical and mental health   
 **DIVERS: ....**

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| http://www.smes-europa.org/smeseulogobase.jpg | **RESUMING the PROTOCOL  of STUDY’s CASES**  *background - health - intervention - network - proposals* |

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| |  | | --- | | When the solution of complex situations seems impossible, how to intervene? | |

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| **Fictitious name** |  | | | | Codex D&W: | |
| **Gender** | M | F |  | | | |
| **Age** | known: | | | hypothetic: | | |
| **Permanence time on the streets** *(in months)* | known: | | | hypothetic: | | |
| **Permanence time on the shelters** *(in months)* | known: | | | | | |
| hypothetic: | | | | | |
| **Hygienic conditions** | Acceptable | | | bad | | very bad |
| **Health conditions** | acceptable | | | bad | | very bad |
| diagnosis declared: | | | | | |
| diagnosis hypothesized: | | | | | |
| **Mental Health Conditions** | diagnosis declared: | | | | | |
| diagnosis hypothesized: | | | | | |
| **Causes / factors of loss** | housing: | | | | | |
| health: | | | | | |
| **In charge of** | social services: | | | | | |
| health services | | | | | |
| mental health services | | | | | |
| **Collaboration of people** | with a request: | | | | | |
| collaborative | | | | | |
| indifferent: | | | | | |
| oppositional: | | | | | |
| **Interventions** | net-working: | | | | | |
| individualists: | | | | | |
| complementary: | | | | | |
| occasional: | | | | | |
| sustainable: | | | | | |
| **Pathways** | alternative: | | | | | |
| possible: | | | | | |

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